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CONFIRMATION NO. 9336

<b>SERIAL NUMBER</b> 09/687,575	<b>FILING OR 371(c) DATE</b> 10/13/2000 <b>RULE</b>	<b>CLASS</b> 549	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> AVZ-007CP3	
<b>APPLICANTS</b> Rima Kaddurah-Daouk, Belmont, MA; M. Flint Beal, New York, NY; <i>yes</i>					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/285,395 04/02/1999 ABN which is a CIP of 09/283,267 04/01/1999 ABN and claims benefit of 60/080,459 04/02/1998 <i>yes</i>					
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US99/07340 04/02/1999					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/20/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Yes</i> Allowance Examiner's Signature <i>Yes</i> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 000959					
<b>TITLE</b> Compositions containing a combination of a creatine compound and a second agent					
<b>FILING FEE RECEIVED</b> 1348	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		